

**Small Business Program Verification Form  
CPA Small Business Enterprise Affidavit**

Printed Name of Eligible Applicant \_\_\_\_\_

**SMALL BUSINESS OWNER**

I certify, as evidenced by my signature below, I have provided all supporting documentation to (name of CPA) \_\_\_\_\_ a Certified Public Accountant ("CPA"), in order that this CPA may verify my Small Business Enterprise size eligibility. I further certify all information and statements I have provided to the CPA are true and correct. I understand all documents I have provided to the CPA may be subject to review by representatives of GRTC Transit System. If a request is made by GRTC to review such documents, I understand these documents must be provided for review within seven (7) business days. I further understand if, upon investigation, it is determined incorrect information was knowingly or willfully provided or that false representations were otherwise made in connection with this application, small business verification shall be revoked or denied and the matter shall be evaluated for possible sanctions under the law. I hereby authorize GRTC staff to obtain from third persons (e.g., utility companies, business references, and lessors/ lessees) information relevant to my eligibility for small business certification. I hereby affirm the information in this affidavit is true and correct.

\_\_\_\_\_  
Signature of Eligible Applicant

Subscribed and sworn to before me, the undersigned notary public, on this day \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature/ Seal

**CERTIFIED PUBLIC ACCOUNTANT**

I certify as evidenced by my signature below I am a Certified Public Accountant in good standing with the local State Board of Public Accountancy, I have reviewed the business tax returns provided by the applicant, and I have verified the small business size standard of (name of firm) \_\_\_\_\_'s average gross receipts over the past three years have not exceeded \$22.4 million, the small business determination threshold found in 49 CFR, Part 26.5.

According to the documents provided, the annual gross receipts of the applicant firm and its affiliates are as follows:

Year _____	\$ _____	NAICS Code _____
Year _____	\$ _____	NAICS Code _____
Year _____	\$ _____	NAICS Code _____

Total \$ \_\_\_\_\_ Three-year average \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Name of CPA/ License No.

\_\_\_\_\_  
Signature of CPA

Subscribed and sworn to before me, the undersigned notary public, on this day \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature/ Seal

